

CORVALLIS POLICE DEPARTMENT CITIZEN RIDE-ALONG AGREEMENT

Date Submitted: _____

Whereas,

Name _____,
(Last) (First) (MI) DOB _____

Herein after referred to as "Releasor", desires to accompany a Corvallis Police Officer on normal and regular patrol being aware that such activity may create a hazard to the Releasor, and

Whereas, the City of Corvallis, herein after referred to as "City", has no objection to the Releasor participating in a 'Ride-Along Program',

Now, therefore, in consideration of the foregoing premises, City agrees to allow Releasor to ride-along with a Corvallis Police Officer at the date and time specified on this form if the Releasor agrees to the following (***Releasor please initial below***):

INITIALS

- _____ Releasor recognizes the inherent potential danger in police work, even as an observer, on a ride-along.
- _____ Releasor understands their role on a ride-along is strictly as an observer unless at the direction of police personnel.
- _____ Releasor agrees to comply with any directives, orders, or requests from police personnel during the ride-along. Failing to do so can result in the immediate cessation of the ride-along up to criminal charges if warranted.
- _____ Releasor will not bring any weapons of any kind on the ride-along (including, but not limited to, firearms, knives, or chemical agents such as 'pepper spray') without prior approval. Releasor agrees to submit to an electronic, hand-held metal detector screening for weapons by Department personnel.
- _____ Releasor, in consideration for the requested ride-along, does hereby release and discharge City and City's employees from all claims, present and future, known and unknown, in any manner arising out of property damage or personal injuries sustained as a result of the requested ride-along. I specifically waive any and all rights I have or may have under the Oregon Tort Claims Act (ORS 30.260 et seq.) or any other statute.
- _____ Releasor consents to City performing a background check to determine suitability for a ride-along.
- _____ Releasor acknowledges s/he may be exposed to information that is sensitive to on-going investigations, such as identification of suspect(s) who may not yet be interviewed or charged. Releasor agrees to not discuss or reveal such information that may potentially compromise said investigations.
- _____ Releasor has read this form and understanding its terms, has executed it voluntarily.

Releasor must be 14 years of age at the time of the ride-along. All riders under 18 years of age must have written parental or guardian approval (signed below). A record of criminal history or association may be grounds to deny a ride-along request.

Releasor's signature Date Home phone Cell phone

Parent/Guardian signature Date Home Phone Cell phone

<i>Records Use Only</i>	
Identification Provided: _____	ID # / State _____
Received by: _____	Date: _____

NAME: _____, _____
Last First MI
ADDRESS: _____
City State ZIP
DATE OF BIRTH: _____ License #/State _____ / _____
HOME PHONE: _____ CELL PHONE _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Reason for ride along request (please be specific): _____

Have you been on a ride-along with CPD before? _____ When? _____

Have you ever been arrested? _____

If so, please explain: _____

Has any court found you to be mentally ill? _____

Have you ever been on Juvenile Probation? _____

Date requested for ride-along: _____

Time Requested: ☐ 0800-1100 ☐ 1200-1500 ☐ 1600-1900 ☐ 2000-2300 ☐ 2300-0200

Alternate date for ride-along: _____

Time Requested: ☐ 0800-1100 ☐ 1200-1500 ☐ 1600-1900 ☐ 2000-2300 ☐ 2300-0200

ATTENTION

- All ride-along requests must be received at least **10 business days** prior to date of requested ride-along.
- Generally only one ride-along is allowed per calendar year.
- Your ride-along may be shorter or longer in duration based the events of that shift.
- Rides will generally not be approved for dates of major events (holidays/community events).
- **All ride-along requests are subject to approval of supervisory personnel.**
- **Ride-alongs may be cancelled or halted at the discretion of Department personnel.**

PREPARE FOR YOUR RIDE-ALONG

- Please dress appropriately and for the weather.
- Please ask questions.
- Respect the officer's obligation to perform their duties safely and professionally.

<i>Supervisory Personnel Use Only</i>	
Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason _____)	By: _____
Ride-along date _____	Officer Assigned: _____
Time: <input type="checkbox"/> 0800-1100 <input type="checkbox"/> 1200-1500 <input type="checkbox"/> 1600-1900 <input type="checkbox"/> 2000-2300 <input type="checkbox"/> 2300-0200	
Rider contacted Date/Time: _____	By: _____